North West **LHIN**

Advancing the future of health care

North West LHIN Annual Report 2016-2017

Ontario

North West Local Health Integration Network

North West Local Health Integration Network
975 Alloy Drive, Suite, 201
Thunder Bay, ON P7B 5Z8
Ph: (807) 684-9425 | Fax: (807) 684-9533
www.northwestlhin.on.ca
ISSN: 1920-3497

Table of Contents

1 Message from the Chair and CEO
3 Introducing the North West LHIN Board of Directors
4 Patients First: Action Plan for Health Care
4 Strategic Directions
4 Mission, Vision, Values
5 Introduction
5 Planning for Better Health Care Services
5 Triple Aim Framework
6 North West LHIN Funding Allocation by Sector
6 Profile of the North West LHIN
6 Geography
7 Population
7 Population Health
8 North West LHIN Health Services Blueprint
11 Health Links
12 Initiatives Undertaken to Advance the Integrated Health Service Plan Priorities
12 Priority One: Improving the Patient Care Experience
18 Priority Two: Improving Access to Care and Reducing Inequities
21 Priority Three: Building an Integrated eHealth Framework
22 Priority Four: Ensuring Health System Accountability and Sustainability
23 Engaging Communities
23 Aboriginal Community Engagement
24 Francophone Community Engagement
25 Ministry-LHIN Accountability Agreement (MLAA) Indicators
27 Report on North West LHIN Performance
28 Audited Financial Statements

A Message from the Chair and CEO

On behalf of the Board, management, and staff of the North West Local Health Integration Network (LHIN), we are pleased to provide you with the 2016-2017 North West LHIN Annual Report.

This past year marked the beginning of the Integrated Health Service Plan 2016-2019 (IHSP IV), which builds upon the foundational work established in the previous three IHSPs and the successes achieved to date. The IHSP IV focuses on actions to improve and further integrate the local health care system through the North West LHIN Health Services Blueprint. The Blueprint model is the North West LHIN's vision for the redesign of the health care system towards one that is integrated and person-centred.

The priorities in the IHSP IV align with the North West LHIN Board's Strategic Directions and the North West LHIN Health Services Blueprint, which are strongly influenced through a diversity of formal and informal community engagement activities. These activities indicate the people of Northwestern Ontario's vision for improved health outcomes is achieved through care that is equitable, accessible, person-centred, effective, sustainable, evidence-informed and integrated. The IHSP IV lays the groundwork for an integrated health care system with four priorities – Improving the Patient Care Experience, Improving Access to Care and Reducing Inequities, Building an Integrated eHealth Framework, and Ensuring Health System Accountability and Sustainability.

By focusing on these priorities, and continuing to work with health system partners, key stakeholders and local communities, the North West LHIN strives to integrate services, improve coordination of health service delivery, and reduce duplication and disparities to achieve better health outcomes for the people of Northwestern Ontario.

All of the work outlined in both the Health Services Blueprint and the IHSP IV aligns with the strategic priorities of *Patients First: Ontario's Action Plan for Health Care*, with a focus on improved access to care and the delivery of the highest quality of care for all Ontarians, including Indigenous and Francophone populations.

Laura Kokocinski
Chief Executive Officer

Gil Labine
Chair, Board of Directors

Patients First: Action Plan for Health Care will enhance the LHINs' responsibility for Home and Community Care. In this regard, planning has been undertaken in the North West LHIN to ensure the successful transfer of home and community care service management and delivery from the North West Community Care Access Centre (CCAC) to the North West LHIN.

As part of planning for the transition of CCAC programs and services to the North West LHIN, structural changes were approved by the Ministry of Health and Long-term Care (MOHLTC) in January 2017. The North West LHIN achieved an eight per cent reduction in management and administrative costs in the new organization while at the same time protecting continuity of home care for patients. The savings from combining the management and administration of the two organizations will be reinvested to support patient care.

Together, the priorities laid out in the IHSP IV, the North West LHIN Board Strategic Plan, and the North West LHIN Health Services Blueprint will help to support *Patients First: Action Plan for Health Care*, and the Government's priorities to Improve Access to the Right Care, Connect Services, Support People and Patients, and Protect the Public Health Care System. The North West LHIN is excited to be part of this evolution of the health care system, and we look forward to working with government, as well as health service providers, system planners and the people of Northwestern Ontario to achieve an integrated system that is person-centred.

This annual report tells the story of a year in which the North West LHIN was able to effectively work with health system partners, key stakeholders and the people of Northwestern Ontario to increase health system integration, to improve health outcomes and increase value for money. We would like to thank the people of Northwestern Ontario who have continued to be generous with both their time and insight in discussions about health care with the North West LHIN. Finally, we would also like to thank the North West LHIN Board Members and staff, who work each day to improve health care for all of us.

North West LHIN staff pose for a picture with the Honourable Elizabeth Dowdeswell, Lieutenant Governor of Ontario at the 2017 North West LHIN Aboriginal Forum. *(left)* Lesley Edwards, Wendy St. Pierre, Shannon Lane, Hugh Mullally, the Hon. Elizabeth Dowdeswell, Laura Kokocinski, CEO, North West LHIN, Larry Spence, William Perry and Dan Levesque, former Interim Board Chair, North West LHIN.

Introducing the North West LHIN Board of Directors

The North West LHIN is governed by a nine-member Board of Directors who are appointed by an order in council through a process administered by the Public Appointments Secretariat. The Board is skills-based and draws on the variety of knowledge and expertise of its members who come from across Northwestern Ontario. Board members represent the local voices and experiences of the Northwest region by living and working in the communities they serve. Each day, the members of the Board place the people of Northwestern Ontario at the centre of their decisions made in service to the region and its many distinct communities.

As part of *Patients First: Action Plan for Health Care* the North West LHIN Board membership is set to increase from nine to 12 members in 2017 to reflect the LHIN's expanded mandate, and an enhanced responsibility for Home and Community Care.

The North West LHIN Board of Directors would like to acknowledge and thank Dan Levesque for his steadfast leadership during his time as Interim Board Chair and Board Member. His term on the Board ends in April 2017. Dan played a critical role on the Board as he helped guide the North West LHIN through the early implementation of *Patients First: Action Plan for Health Care*, and supported many positive changes to the health care system over the past year. We wish him all the best in his retirement. The North West LHIN would also like to thank former Board Member, Dennis Gushulak, whose term on the Board of Directors ended in July 2016, for his service and dedication to the people of Northwestern Ontario.

Gil Labine, Board Chair
Resident of Thunder Bay
Date of first appointment: November 05, 2014
End of term appointment: February 21, 2020

Tina Copenace, Board Member
Resident of Kenora
Date of first appointment: October 18, 2012
End of term appointment: October 17, 2018

Darryl Allan, Board Member
Resident of Fort Frances
Date of first appointment: March 18, 2015
End of term appointment: March 17, 2018

Tim Berube, Board Member
Resident of Thunder Bay
Date of first appointment: March 25, 2015
End of term appointment: March 24, 2018

Beatrice Metzler, Board Member
Resident of Thunder Bay
Date of first appointment: March 1, 2017
End of term appointment: February 29, 2020

Cindy Jarvela, Board Member
Resident of Thunder Bay
Date of first appointment: March 8, 2017
End of term appointment: March 7, 2020

Dan Levesque, Vice Chair
Resident of Geraldton
Date of first appointment: April 14, 2011
End of term appointment: April 17, 2017

Cathy Farrell, Board Member
Resident of Thunder Bay
Date of first appointment: April 24, 2013
End of term appointment: April 23, 2019

Herb ZoBell, Board Member
Resident of Thunder Bay
Date of first appointment: March 25, 2015
End of term appointment: March 24, 2018

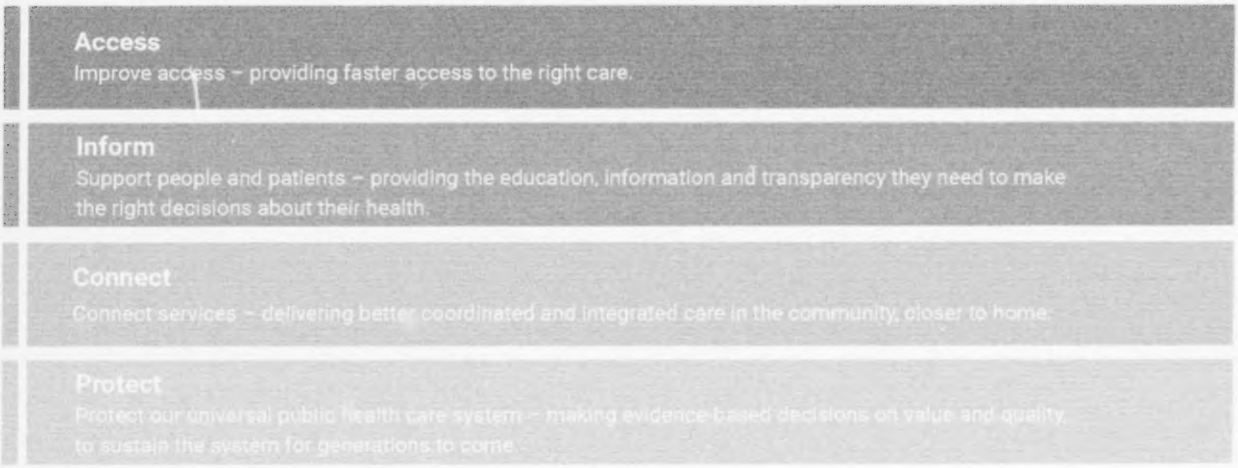
Carol Neff, Board Member
Resident of Thunder Bay
Date of first appointment: December 7, 2016
End of term appointment: December 6, 2019

Dorothy Piccinin, Board Member
Resident of Thunder Bay
Date of first appointment: March 1, 2017
End of term appointment: February 29, 2020

Patients First: Action Plan for Health Care

Patients First: Action Plan for Health Care is the next phase of Ontario's plan for changing and improving Ontario's health system, building on the progress that's been made since 2012 under the original Action Plan for Health Care. It exemplifies the commitment to place people and patients at the centre of the system, and focus on their needs.

The 2012 Action Plan for Health Care promised to help build a health care system that was patient-centered. *Patients First: Action Plan for Health Care* is the roadmap. It builds on that commitment and sets the framework for the next phase of health care system transformation. This plan is designed to deliver on one clear health promise – to put people and patients first by improving their health care experience and health outcomes.


Access
Improve access – providing faster access to the right care.
Inform
Support people and patients – providing the education, information and transparency they need to make the right decisions about their health.
Connect
Connect services – delivering better coordinated and integrated care in the community, closer to home.
Protect
Protect our universal public health care system – making evidence-based decisions on value and quality to sustain the system for generations to come.

North West LHIN Strategic Directions

Through the Board Chair to the Minister of Health and Long-Term Care (MOHLTC), the North West LHIN Board of Directors is accountable for the use of public funds, the achievement of results through the execution of its strategic directions, and for the performance of the local health system.

2016-2017 marks the final year of 2013-2016 Board Strategic Plan, *Transforming and Building an Integrated Health System*. The Board's strategic plan outlines four key strategic directions which act as pillars in the development of an innovative, sustainable and efficient health care system:

1. Improved health outcomes resulting in healthier people
2. Increased access to care as close to home as possible
3. Continuous quality improvement
4. A system-wide culture of accountability

Vision

Healthier People, a strong health system - our future.

Mission

Develop an innovative, sustainable, and efficient health system in service to the health and wellness of the people of the North West LHIN.

Values

Person-centred, Culturally Sensitive, Sustainable, Accountable, Collaborative and Innovative.

Introduction

Planning for Better Health Care Services

The North West LHIN is one of 14 Ontario LHINs, and is responsible for the local planning, funding and integration activities centred on the populations they serve. In 2017, this responsibility will expand to include Home and Community Care, as mandated by the *Patients First Act*.

The health and well-being of the people of Northwestern Ontario is the top priority of health system design, as articulated by the work of the North West LHIN and health system partners. Together with these partners, the North West LHIN is continuing to transition from a series of fragmented programs and services to a system that is integrated and centred on the needs of the people and the region.

The health of populations, communities and people is dynamic, and continues to evolve. This evolution requires new ways of managing health care challenges such as chronic disease and the needs of an aging population. Furthermore, in the North West LHIN, there are additional challenges presented by a large geography and dispersed populations.

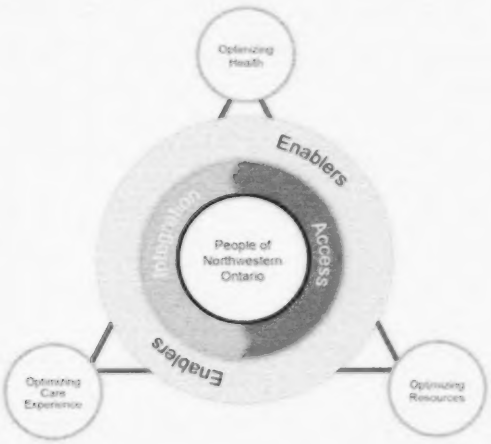
Nevertheless, through a commitment to continuous quality improvement, a system-wide culture of accountability, the right care in the right place at the right time and ensuring value for every dollar invested, we are working to build a more integrated system that ensures better health outcomes for the people of Northwestern Ontario.

The 2016-2017 Annual Report looks back on the North West LHIN's activities and accomplishments during the first year covered by the IHSP IV. It was a transformative year in Ontario with *Patients First: Action Plan for Health Care* and its mandate to ensure people and patients are placed at the centre of care to improve their health care experience and health outcomes.

Figure 1: Triple Aim Framework

Building on the Triple Aim Framework

The North West LHIN strategic directions build upon the Triple Aim Framework developed by the Institute for Health Improvement. The Triple Aim Framework focuses on three key elements: Optimizing Health, or improving population health, Optimizing Care Experience, or delivering better quality from the patient perspective, and Optimizing Resources, or ensuring value is achieved through the best use of health care resources.



Legend

- Access to and Integration of Services
  - Improving the Patient Care Experience
  - Improving Access to Care and Reducing Inequities
  - Building an Integrated eHealth Framework
  - Ensuring Health System Accountability and Sustainability
- People of Northwestern Ontario
  - Aboriginal Health Services
  - French Language Health Services
- Enablers
  - Health Human Resources
  - eHealth
  - Integration of Services along Continuum of Care
- Triple Aim Framework

Figure 2: Planning for Better Health Care Services Visual

Ministry Strategic Plan
Ontario's Action Plan for Health Care sets the direction for the health care system provincially.

→

Ministry Priorities Include:
- → Keeping Ontario healthy
- → Faster Access and a Stronger Link to Family Health Care
- → Right Care, Right Time, Right Place

North West LHIN Strategic Plan
The LHIN Board of Directors' Strategic Plan sets the direction for the health care system in Northwestern Ontario.

→

North West LHIN Board Priorities:
- → Improved health outcomes resulting in healthier people.
- → Access to health care that people need, as close to home as possible
- → Continuous quality improvement
- → A system-wide culture of accountability

Integrated Health Service Plan IV (IHSP)
The LHIN planning document that broadly identifies and describes priorities and directions over a three-year period.

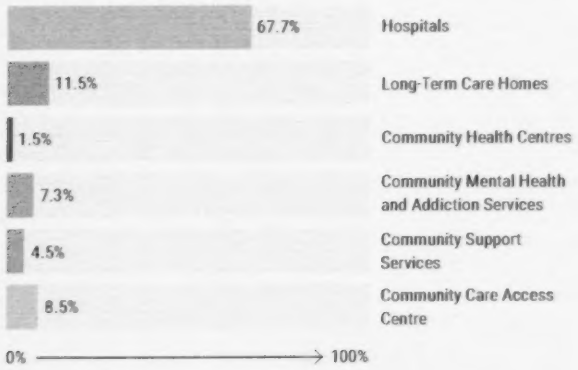
→

North West LHIN Priorities:
- → Improving the Patient Care Experience
- → Improving Access to Care and Reducing Inequities
- → Building an Integrated eHealth Framework
- → Ensuring Health System Accountability and Sustainability

Annual Business Plan
Plan that describes the annual activities and associated spending plans that will be conducted in order to implement the IHSP for the next three years, with emphasis on the upcoming fiscal year.

←

Figure 3: 2016-2017 Funding Allocation by Sector



Profile of the LHIN

Geography

The North West LHIN has the largest geography of all 14 LHINs in Ontario, covering 47 per cent of Ontario's land mass – an area nearly the size of France. The North West LHIN also has the lowest population density of all LHINs, with 235,900 residents and a population density of 0.4 people per square kilometer. Together, the region's large geography and relatively small, dispersed population present unique challenges to health service delivery, including access to care, health human resources, the need for extensive travel and higher health care costs per capita.

Approximately two thirds of the communities in the North West LHIN do not have year-round road access, and can only be reached by air travel or ice roads in the winter. These communities extend from Hudson Bay in the north to the United States border in the south, and from the Manitoba border in the west to just short of White River in the east.

Total number of health service provider (HSP) programs or operations: 119 | Total number of HSP organizations: 90 | Total allocation of Funding: $675,006,759

*CHC allocation includes funding for some Primary Care initiatives. Note: This represents the number of individual health service providers (HSP) funded by the North West LHIN as of March 31, 2017. Some HSPs funded by the North West LHIN provide service in multiple sectors.

Population

With a total population of 235,900 in the North West LHIN, Northwestern Ontario has unique demographic and health characteristics that stand out. Like the province, the percentage of seniors aged 65 and older is expected to increase over the next 10 years, though Northwestern Ontario expects a larger proportion of seniors than other regions. Another key characteristic is that the total population in Northwestern Ontario is shrinking.

A notable geographic characteristic of the North West LHIN is that almost half (45 per cent) of its population is concentrated in one urban centre – the City of Thunder Bay, with 34.2 per cent of the population residing in a rural area. It is estimated that Aboriginal people make up 21.4 per cent of the total population in the North West LHIN, a figure that represents the highest regional proportion of Aboriginal people across Ontario's 14 LHINs. The health status of Aboriginal people in Canada is poorer than non-Aboriginal people on most measurable health indicators, and this trend remains true in the Northwest region.

Table 1: 2011 Census Population Characteristics

North West LHIN Sub-regions*	Total Population	% Age 65+	% Aboriginal Identity	% Francophone
Northern Sub-region	21,136	6.0	82.6	0.6
District of Kenora Sub-region	45,835	17.0	26.7	2.8
District of Rainy River Sub-region	20,047	19.0	22.3	1.8
City of Thunder Bay Sub-region	130,501	19.0	10.1	2.8
District of Thunder Bay Sub-region	17,967	16.0	23.9	13.2
North West LHIN*	235,666	17.0	21.4	0.6
Ontario	13,792,052	16.0	2.3	4.4

* In January 2017, the IDN and Health Link geographies were formalized, and renamed "LHIN sub-regions" to align with provincial terminology used across all other LHINs. Sources: 1. Statistics Canada. 2011 Census. 2. Statistics Canada. 2011 National Household Survey. The non-response rate for the Aboriginal identity question in the NHS was approximately 30% for North West LHIN residents with significant variation between communities.

Population Health

Data shows that compared to the rest of the province, and based on Community Health Survey data, the North West LHIN has a high proportion of people who:

- → Are heavy drinkers
- → Are obese (age 18 and over)
- → Are smokers
- → Have high blood pressure

Furthermore, the people living in the North West LHIN have higher rates of hospitalization for accidental injuries and chronic conditions, including mental health and substance abuse conditions, as well as higher rates of diabetes, Chronic Obstructive Pulmonary Disease (COPD), and heart disease. In the North West LHIN, many emergency department visits and hospitalizations are for conditions that could have been prevented, managed or avoided if alternate services were more readily available to patients at the community level.

Despite these health challenges, the people of Northwestern Ontario report having above average physical activity leisure time, perceive a strong sense of belonging in their communities, and have a very good or excellent perceived mental health.

The North West LHIN Health Services Blueprint

In 2012, the North West LHIN released the Health Services Blueprint (the Blueprint), a 10-year integration strategy to strengthen and transform health care in Northwestern Ontario. The Blueprint is the result of extensive evidence-based research, engagement and feedback from people who use the system and health service providers in the North West LHIN.

The Blueprint was developed by the people of the Northwest region to address the health care needs of the people living in the North West LHIN. The Blueprint was approved by the North West LHIN Board of Directors and presents an opportunity to deliver a more integrated care experience and improve health outcomes for people living in the Northwest region.

There are 44 recommendations contained in the Blueprint that outline an integrated service delivery model in which all health service providers work together to organize services and delivery of care at three levels – the local level, the district level and the regional level – to better meet the needs of the population. The model, which is person-centred, is designed to deliver the right care at the right place, at the right time, as close to home as possible.

2016-2017 marks Year 5 of the Health Services Blueprint, which has focused on refinement and implementation of the conceptual framework for integrated care delivery in early adopter communities, leadership development and engagement.

Implementation of the Blueprint has been advanced in the following ways:

- Five early adopter projects are underway across the North West LHIN aimed at advancing the Health Services Blueprint conceptual model of an integrated health care system; including:
  - Nipigon District Memorial Hospital is working with the Nipigon Family Health Team to examine opportunities to integrate the two organizations at the governance level.
  - Dryden Local Health Hub LHIN-funded health service providers are examining the opportunity to create an Integrated Health Care Organization (IHCO) in Dryden. They have completed a current state assessment, as well as development of a vision and work plan to advance the hub development over the coming year.
  - Manitouwadge General Hospital is pursuing opportunities for greater integration with system partners in the community of Manitouwadge through the continued development of their Local Health Hub.
  - Wilson Memorial Hospital and McCausland Hospital have fully integrated their two hospitals into one new corporation as of April 2, 2016 titled North of Superior Healthcare Group. The organization and partners continue to explore integration opportunities focused on providing better care for their patients.
  - Fort Frances has commenced initial work to explore the development of a Local Health Hub, including completion of an environmental scan and efforts to build trust among stakeholders.

North West LHIN Health Services Blueprint Timeline

2012-2013 ▶

2013-2014 ▶

2014-2015 ▶

2015-2016 ▶

2016-2017 ▶

2017-2018 ▶

2018-2019

2019-2020

2021-2022

The North West LHIN Health Services Blueprint was released in March 2012.

Year 1 Created awareness of Blueprint among HSP Board and CEOs.

Year 2 Created awareness of Blueprint at local health hub level. Work commenced on all 44 recommendations.

Year 3 System design and integration scenario planning.

Year 4 Refined and implemented conceptual framework in early adopter communities. Leadership development and engagement through partnership with Rotman School of Management.

Year 5 Continued to refine and implement conceptual framework in early adopter communities; leadership development and engagement expanded.

Year 6 Progress continues in advancing the 44 recommendations in the North West LHIN Health Services Blueprint:

- Increase access to community mental health and community addictions services,
- Increase access to care closer to home through virtual care,
- Improve access to health information through an integrated e-Health framework.

When the North West LHIN Health Services Blueprint was released, it was supported by health service provider Boards across the region. The Blueprint will deliver better health outcomes and improved client experience through:

- → Decreased duplication of services and minimized gaps in service
- → Improved transitions in care for clients
- → Reduced high reliance on institutional care through targeting admission and readmission rates of select diseases
- → Realized savings in high cost areas through alignment to provincial standards
- → Shifted care from hospital to community
- → Optimized management of chronic diseases
- → Improved integration across the health care system

North West LHIN Health Services Blueprint: Integration on the Front Line

Working as a front-line care provider in a small community presents unique challenges. But when that small community makes the effort to integrate health care with a focus on serving patients and their families, those challenges can be overcome. That's what Jennah Albrecht would tell you. As a Registered Nurse (RN) and Certified Diabetes Educator at Manitouwadge General Hospital, Jennah has seen first-hand how integration can play an important role in ensuring that care providers are able to work together in new ways, especially when various services are brought together to improve the continuum of care for patients.

Trena Roberts *(left)*, District Program Coordinator, Hospice Northwest, Jennah Albrecht, Registered Nurse/Certified Diabetes Educator.

"We really just go off of everybody's strengths," says Jennah. "For example, if we see someone for diabetes, and they're having a tough time – whether it's with stress management or funding because they can't afford their diabetes strips, I can refer them to the social worker, Trina, and get them an appointment before they even leave the office. It helps to be able to get them that appointment before they leave. It prevents that break in the chain.

Jennah's comments ring true for a variety of services in Manitouwadge, where various clinics, acute care, long-term care and the local Family Health Team have all been integrated into one organization, with an eye to getting patients from the community all the care they need.

"I think we can do things a lot easier than someone in a larger centre might be able to," says Jennah, referencing the benefits of not only having health services integrated, but also having all the services located at the same site within the small town of Manitouwadge.

The type of integrated and coordinated care described by Jennah is at the heart of the North West LHIN's Health Services Blueprint, a 10-year integration plan to strengthen and transform health care in Northwestern Ontario. This model will bring all programs and services determined to be optimally delivered at the Local Health Hub level into one Integrated Health Care organization (IHCO) that will be responsible for delivering services across the care continuum to maximize health outcomes for the local population and address service gaps. It is the dedicated work of health system planners and service providers, just like Jennah, that has made this type of care a positive reality in places like Manitouwadge.

Health Links

In December 2012, The Ministry of Health and Long-Term Care (MOHLTC) launched integrated regional patient care networks called "Health Links." The goal was to improve coordination of care for patients with complex health needs.

In the North West LHIN, Health Links were aligned geographically to the five Integrated District Networks (IDNs), which were identified in the North West LHIN Health Services Blueprint.

In January 2017, the IDN and Health Link geographies were formalized, and renamed "LHIN sub-regions" to align with provincial terminology used across all other LHINs. The formalization of the North West LHIN sub-regions supports and acknowledges the significant progress that has been made over the past five years in advancing the IDNs through the Health Links initiative and the North West LHIN Health Services Blueprint – in collaboration with providers at all levels.

There are five sub-regions in the North West LHIN:

- → District of Kenora sub-region
- → District of Rainy River sub-region
- → District of Thunder Bay sub-region
- → City of Thunder Bay sub-region
- → Northern sub-region

The five sub-regions in the North West LHIN are at various stages of Health Links implementation:

- → The City of Thunder Bay sub-region Health Link is operational. Work is underway to continue expansion activities, in collaboration with the NorWest Community Health Centre (CHC) and Family Health Teams.
- → The District of Thunder Bay sub-region Health Link is operational in the Manitouwadge Local Health Hub (LHH). Health Link implementation is underway in Geraldton's LHH. The NorWest CHC, Geraldton District Hospital and Geraldton Family Health Team are working collaboratively to identify Health Link patients, develop and implement Coordinated Care Plans.
- → The District of Rainy River sub-region Health Link is in early implementation in both Atikokan and Fort Frances. The Family Health Teams are working collaboratively with the hospitals and other Health Link partners to identify Health Link patients and develop and implement Coordinated Care Plans.
- → The District of Kenora sub-region Health Link Business Plan was completed and approved, with implementation to occur in 2017-2018.
- → The Northern sub-region Health Link was launched on March 2, 2017 and further planning and implementation is to take place in 2017-2018.

Health Link Successes

- → Developed over 200 Coordinated Care Plans for Health Link clients across the North West LHIN.
- → All Health Link clients receive regular and timely access to Primary Care.
- → Connected all Health Link clients to Health Coaches. There have been approximately 6,000 Health Coach interactions with clients since implementation began.
- → Uploaded all Coordinated Care Plans to RelayHealth, a patient portal, enabling clients, health service and primary care providers to access the Coordinated Care Plan and communicate securely and electronically.
- → A 3-year Health Link expansion is currently underway.
- → Health Link patient satisfaction survey shows positive responses to Health Links from the client perspective.
- → Preliminary data analysis indicates a decrease in Emergency Room visits for Health Link patients after implementation of their Coordinated Care Plan.

Initiatives Undertaken to Advance the Integrated Health Service Plan IV Priorities

Priority One

Improving the Patient Care Experience

Quality can mean different things depending on one's involvement in the health care system. To health system planners and clinicians providing front-line care, quality is measured by indicators such as performance targets, patient satisfaction, and health outcomes. To patients and families who receive care, quality is reflected in how quickly they access the services they need, the extent to which their input and goals are respected, and whether the care is effective. Continuous quality improvement takes into account both perspectives, and is an integral characteristic of the person-centred system of care that the North West LHIN is building.

Quality Based Procedures Implementation Across the North West LHIN

Quality Based Procedures (QBPs) are specific groups of patient services that offer best care practice opportunities for health care providers to achieve better quality and system efficiencies. Through provincial funding, the province is accelerating the adoption of QBPs through Clinical Order Sets. Clinical Order Sets are pre-defined templates that provide support for health professionals in making clinical decisions for specific conditions or medical procedures. Through engagement with system partners, this voluntary provincial project has been adopted by 12 of the 13 hospitals within the North West LHIN. It is expected that hospitals will achieve significant cost, quality, standardization and time benefits to front-line staff and their patients through the adoption of QBPs and Clinical Order Sets.

Enhancing Home and Community Care Services

The aging population and relatively poor health status of North West LHIN residents impacts the demand for services, especially those for seniors, including rehabilitation/complex continuing care, community support services, long-term care services and palliative care. In the North West LHIN, the burden of disease associated with diabetes, heart failure and Chronic Obstructive Pulmonary Disorder (COPD) exceeds the provincial average. Chronic disease self-management supports are an important way to enable seniors to age at home safely with dignity.

Additionally, when patients no longer need to be in the hospital and receive acute care service, the days spent there are defined as Alternate Level of Care (ALC). Patients would experience greater quality of life and benefit further by receiving care in a more appropriate health care setting or at home in the community after their hospital stay to reduce the number of ALC days spent in hospital.

There continue to be developments made in the North West LHIN in regards to enhancing access to home and community care services, including recent development from the 2016-2017 year:

- → Participated in the Levels of Care framework which is being led provincially, and which will be incorporated into Personal Support Services (PSS) in the North West LHIN with the aim to establish standards of care that will improve the client and caregiver experience.
- → Developing a Regional Palliative Care plan, with a lead identified and governance model in place to advance implementation.
- → Partnered with the Ontario Telemedicine Network (OTN) and North West LHIN health system partners to test the impact of a mobile phone-based digital health solution on health outcomes for people with type 2 diabetes. The diabetes app, which is U.S. Food and Drug Administration approved in the United States, has been modified and approved for use in Canada. The pilot

aims to demonstrate the value of integrating a clinically proven self-management tool and lifestyle tracker into the standard of care for type 2 diabetes. This project enables patients to play a more active role in managing their own health and streamlines client interactions with their care team.

- → Established a comprehensive Seniors Care Planning Committee to explore new initiatives and new innovative programs to improve care.

Chronic Disease Prevention and Management

Chronic Disease Prevention and Management continued to be a priority for the North West LHIN in 2016-2017, with progress being made on several fronts, particularly in the area of diabetes management.

- → Developed a Regional Diabetes Care Plan to support a patient journey that is more integrated, person-centred, accessible, equitable and effective.
- → Completed a Regional Wound Care Plan for the North West LHIN and validated the plan with stakeholders. Implementation is underway to enhance a coordinated and integrated model for wound care delivery, improving access to timely care across the region.
- → Integrated standardized client experience survey at the 18 Diabetes Education Programs in the North West LHIN to ensure a positive client experience and improve outcomes.
- → Diabetes Education Programs in the North West LHIN region have formally and informally collaborated with Family Health Teams in their Local Health Hubs. This collaboration has decreased duplication and improved access to evidence-informed Diabetes education and management as well as optimizing Health Human Resources.
- → In 2015-2016 the North West LHIN had 16 Diabetes Point of Care Testing units deployed in 15 organizations with 42 trained clinicians offering services. The patient receives the results of their test within minutes of providing a sample.
  - » Together, these sites provide testing to seven municipalities and 17 First Nation communities, with three programs that offer services specifically to urban Aboriginal populations. From May 2014 to February 2016, sites in Northwestern Ontario conducted 3643 tests for 2610 patients.
- → Maintained a partnership with Flinder's University in Australia on Point of Care Testing program evaluation for 2016-2017. Partnering with this leader in Point of Care Testing innovation and research enables evaluation of Point of Care Testing and its impact on Diabetes self-management within the North West LHIN region. This initiative continues to support accessible testing for diabetes patients across the North West LHIN. HbA1c (three-month blood glucose) and creatinine (kidney function) testing are currently supported.
- → Collaborated with providers to support better aligned diabetes services across the region that supports access to care, seamless transitions between care providers and improved health outcomes.
- → Developed an integrated approach to wound management through standardized care pathways for foot and wound care, to support system navigation for patients.
- → Facilitated partnerships between the Sioux Lookout Diabetes Program and the Sioux Lookout Meno Ya Win Community Health Worker Diabetes Project. Local diabetes workers funded by Health Canada will receive more training and support from North West LHIN-funded clinicians in Sioux Lookout.
- → Piloting a mobile based patient portal system to support self-management of people living with diabetes. To date, there have been 39 referrals to the program and 8 individuals have enrolled. An additional 11 individuals are pending enrollment.
- → Hosted the Annual Diabetes Forum. This session attracted partners from all across the region, and fostered their ability to support positive client outcomes.
- → Continued to provide telemedicine consults to 380 wound care patients and building capacity with clinicians across the region, who provide care close to home through the Regional Wound Care Clinic at St. Joseph's Care Group. The increased access to specialists eliminated travel costs for patients.

Chronic Disease Self-Management: *First Nations Health Clinics* Integrating Self-Management into Primary Care

Chronic Disease Management is an important part of the health care system across the North West LHIN as the region faces a higher-than-average prevalence of chronic disease. This has led dedicated health service providers to work with patients/clients and their families to manage chronic disease, chronic pain, and diabetes in new ways.

One of the newer ways care providers in the Northwest are trying to help people live more comfortably while managing chronic disease is by equipping these people with the tools to manage chronic disease more independently. This approach, provided through the North West Community Care Access Centres (CCAC) Chronic Disease Self-Management Program (CDSMP), maintains the support and expertise care providers have always provided, while adding a level of prevention, independence and individualization to chronic disease management that was not common in the past.

"When we are empowered, supported and trained, we are more likely to improve our overall health and decrease the need for dependence on the health care system," says Michael McBride, Chronic Disease Self-Management Training Supervisor, North West CCAC, located in Thunder Bay. "The program works because it is based on evidence that when we learn in a nurturing environment led by our peers, we build our own self-efficacy and confidence after learning from others who have travelled a similar path.

The CDSMP offers workshops in chronic disease, chronic pain and diabetes self-management. And in an effort to ensure sustainability of the Program across the North West LHIN, the North West CCAC is working with various First Nations communities to provide training to First Nations community members to become Peer Leaders in chronic disease self-management. Already, programs have been delivered in many First Nations communities, including Aroland, Bearskin Lake, Big Grassy Eabametoong, Fort William, Grassy Narrows, Iskatewizaagegan #39, Kitchenuhmaykoosib Inninuwug, and many others.

"I travel to many First Nations, Inuit and Métis communities/organizations in my work as a Tobacco-Wise Lead and I hope that this can help people to understand more about self-management and prevent further disease and/or complications," says Nicole Carnochan, Peer Leader and Master Trainer for the North West CCAC Self-Management Program in Sioux Lookout, another stream of chronic disease self-management offered through Cancer Care Ontario. "This program helps community members to understand more about their chronic disease issues and gives them strategies to deal with some of the challenges they may face. It gives them tools to help live with chronic disease and understand how to make healthy lifestyle choices, like healthy eating, coping with stress, not smoking or using commercial tobacco, being physically active and more.

As chronic disease self-management continues to grow and expand across the North West LHIN, the hope is that self-management will improve health outcomes while empowering patients and breaking the symptom cycles faced by individuals who are living with chronic conditions each day.

"These self-management programs are designed to assist the individual to achieve goals they set for themselves, giving people the tools to be successful and overcome obstacles, and take control of their condition and their lives," says Michael. "It is my hope to have a significant impact and decrease the effect of chronic diseases across all populations through improved overall health and to see a decrease in pressures on the

Access to Care

Improving access to care is a critical component of the health system transformation. This is true for jurisdictions everywhere, and it is particularly true in a jurisdiction as vast, remote and sparsely populated as Northwestern Ontario. The North West LHIN is committed to providing equitable care to residents of the Northwest, and is constantly looking for new and innovative ways to do so.

The 2016-2017 year included many key achievements that are helping to support improved access to care.

Surge Planning and Influenza in the North West LHIN

During the influenza peak season, the North West LHIN implemented an annual planning process for the System-Wide Surge Protocol. This process involves bringing together health service providers from across all sectors in Thunder Bay, and outlining responsibilities for mitigation of potential influenza surges on the health system. Emergency Department (ED) surges were monitored by Thunder Bay Regional Health Sciences Centre (TBRHSC) and information was shared with the North West LHIN and a wide range of system partners when a surge occurred. TBRHSC and system partners worked well together within the structure of the System-Wide Surge Protocol in response to influenza surge in the first months of 2017. All this work supports shorter waits in small community Emergency Departments, providing better access to urgent care for the people of the region.

Managing Emergency Departments

A North West LHIN led group worked with Health Force Ontario (HFO) and regional hospitals in order to monitor and assess Emergency Departments (EDs) physician coverage across North West LHIN hospitals and develop proactive plans to address potential shortages. All regional EDs remained open throughout the year, ensuring coverage of EDs in small communities and providing better access to urgent and emergent care.

- → At Thunder Bay Regional Health Sciences Centre (TBRHSC), which sees approximately 75 per cent of the region's ED visits, the overall number of patients admitted from the ED between April and December has decreased to 8,468 in 2016-2017, compared to 8,582 in 2015-2016.
- → Decreased the overall number of non-admitted low-acuity ED visits between April and December to 15,818 in 2016-2017, compared to 17,929 in 2015-2016, leading to shorter wait times in the Thunder Bay Emergency Department, providing better access to urgent and emergent care.
- → As a result of ongoing work with system partners including Health Force Ontario, the Ministry of Health and Long-Term Care (MOHLTC), the North West LHIN ED physician lead, and local hospitals, no emergency department closures occurred in 2016-2017.
- → In year nine of the Pay for Results (P4R) Program at Thunder Bay Regional Health Sciences Centre (TBRHSC), the North West LHIN continues to fund an expanded Rapid Assessment Zone (RAZ) for high acuity patients, triage enhancements, a 10-bed Medical Short Stay Unit (MSSU), a mental health patient navigator, and an infection control process improvement coordinator. These initiatives are helping to improve flow of admitted patients and reduce admitted wait times.
- → As of September 2016, the North West LHIN's performance is in the 90th percentile for ED length of stay for complex patients, remaining better than the provincial average at 9.35 hours versus 10.13 hours provincially. This represents an improvement on performance from the same period in 2015-2016 when the length of stay was 9.42 hours.
- → As of September of 2016-2017, the North West LHIN performance is in the 90th percentile for ED length of stay for minor/uncomplicated patients at 4.05 hours, remaining better than provincial average of 4.15 hours.

Reducing Alternate Level of Care Days

Alternate Level of Care (ALC) days refers to the time spent in hospital waiting for care in more appropriate settings. In the North West LHIN, lack of access to community resources upon discharge to home, system capacity versus demand, and socio-economic determinants of health are challenges which contribute to ALC.

Reducing the number of days that individuals wait as ALC in hospital is a key priority for the North West LHIN and the province of Ontario. The end goal is to avoid time spent by individuals waiting to get to their next care destination by increasing the coordination and integration of care across the health system, improving patient flow along the continuum of

care, and investing in programs which support individuals to return home after their hospital stay.

In 2016-2017, the North West LHIN carried out a detailed quantitative ALC analysis to determine regional variations in performance, assess uptake of best practices, and analyze demand / capacity across the North West LHIN region. As part of the analysis, site visits allowed an opportunity for discussion with regional small hospital administrators about ALC performance, common challenges, such as challenges in long-term care transitions, and potential solutions. A report on the engagement and quantitative analysis was shared internally at the North West LHIN, and included recommendations for improving the care for patients designated ALC at regional small hospitals.

Moving forward, the North West LHIN is carrying out ongoing data monitoring and analysis in order to identify and understand areas of ALC performance variance across the North West LHIN, and will work with providers to develop action plans to address this variance.

The 2016-2017 year also included many other key achievements that are helping to support improved access to care for patients, including:

- → Supported daily bed management calls with regional partners in early 2017 as part of the System-Wide Surge Protocol. The calls established connections between TBRHSC, regional small hospitals, EMS and Ornge to facilitate expedited repatriations. Bed management calls have evolved to daily emails, and relationships have been strengthened to enhance regional repatriation and overall system efficiency.
- → Organized an Aboriginal Health Forum on health equity with various stakeholders from the region.
- → Partnering with several First Nation communities to plan for palliative care services.
- → Developed and validated a regional distributed hospice model, while working with the MOHLTC to implement six hospice-like spaces across the region.
- → Implemented a 24/7 support line enabling access to palliative care expertise for health care professionals across the region.
- → Established a transitional care unit with 32 new spaces at St. Joseph's Care Group, creating improved system flow and reducing pressures at the Thunder Bay Regional Health Sciences Centre.
- → Supported the successful operation of the Centre of Excellence for Integrated Seniors Services at Hogarth Riverview Manor (HRM), with the additional site expected to open in Spring 2017.

Aboriginal Health Highlights

- → Implementing provincially funded Indigenous Cultural Safety training seats for all funded Health Service Providers (HSPs) in the region. The LHIN has also identified and supported training for providers on an as-needed basis informed by stakeholder feedback.
- → Provided crisis response funding to Wapekeka First Nation in a jointly developed proposal to enhance local support for youth and families as well as developing local capacity.
- → Continued to provide funding support to Dennis Franklin Cromarty High School to facilitate managed drug withdrawal for students.
  - » This program received additional funding for wrap-around cultural and recreational services this year.
  - » The LHIN is also working with inter-jursidictional government partners to create an action plan for improved development and coordination of services for Dennis Franklin Cromarty students. This plan will move forward on recommendations from the 2016 Seven Youth Inquest.
- → Worked with several community stakeholders to identify some short-term projects related to:
  - » Community crisis response
  - » Youth mental health
  - » Community support services
  - » Cultural safety training
  - » Medical supplies purchasing for local communities
  - » Medical travel assistance
  - » Harm prevention education
  - » Local community support services worker training and capacity building
  - » Enhanced point of care testing (i-STAT) for remote communities
  - » Integration and coordination initiatives

Aboriginal Health

Community Health Workers Supporting Diabetes in Remote First Nations

Managing diabetes can be a challenge for patients living with the modern comforts we all too often take for granted. For people living with Type 2 Diabetes in four Northern First Nations, the Sioux Lookout First Nations Health Authority (SLFNHA) is testing an innovative approach to provide these individuals with support.

A pilot project being operated by SLFNHA is aimed at creating a smoother, seamless 'circle of care' for adults with Type 2 Diabetes, by training and mentoring Community Health Workers (CHWs) to bridge some of the gaps that exist in the system. The aim is to improve community-based case management of Type 2 Diabetes. CHWs are front-line workers who have been trained to deliver basic care in their communities. For this project, SLFNHA worked with Community Health Representatives and Aboriginal Diabetes Initiative workers. This innovative model was informed through global best practices.

Kelly Henderson, the pilot project's coordinator, has seen positive changes in the four First Nation (FN) communities that are part of the pilot: Kasabonika Lake FN, Kingfisher Lake FN, New Slate Falls FN and Kitchenuhmaykoosib Inninuwug (Big Trout Lake FN), with 10 CHWs involved in total. In February 2016, CHWs were given customized training in Treatment Plan Support as the first step of improving community-based care.

"This project is about rebuilding community capacity for self-management. The will is there, CHWs just need the support for programs like this," says Henderson.

The role of the CHWs is to assist people with Type 2 Diabetes stick to their treatment plans, to check in with them and make sure they are keeping appointments, or just to help facilitate appointments with doctors and nurses. CHWs also are trained to do clerical work, such as retrieving patients' test results, enabling nurses and doctors to spend more time treating patients. "CHWs are from the communities. They speak the language, they understand the local customs and culture," explains Henderson. "Because of cultural differences, people may not feel comfortable giving feedback directly to clinicians. Our CHWs can help facilitate communication."

Priority Two

Improving Access to Care and Reducing Inequities

The vast geography and low population density in Northwestern Ontario create challenges in the equitable delivery of health services, particularly for those living in small, rural, and remote communities where volumes may not exist to support local delivery of complex, high-cost services. However, the North West LHIN has a longstanding reputation for taking advantage of creativity, innovation, and technology to improve access to care for residents across the region.

During community engagement with the public, many people report being shuffled from provider to provider. There is frustration from repeating their story, and lengthy wait times in the Emergency Department (ED), for appointments with primary care providers, to see a specialist or for surgery. To respond, the North West LHIN has prioritized equitable access to the care when residents need it, as close to home as possible.

Enhancing Access to Primary Care

One of the top health care priorities for the North West LHIN is improving access to primary care. While there has been significant progress over the past several years, there are many people in Northwestern Ontario who do not have regular and timely access to a primary care provider. There are also opportunities for improved collaboration between primary care providers and other parts of the health care system, and for increased access to primary care on evenings and weekends to better support individuals living with medically complex conditions in the community.

In 2016-2017, several initiatives helped to improve access to primary care and connect patients with providers. These include:

- → As of January 2017, 67.3 per cent of all clients registered with the North West CCAC Health Care Connect program have been referred to a primary care provider (an increase from 8,518 individuals to 8,719 over the past year).
- → The NorWest CHC's Expanded Hours Urgent Care Clinic reported 3,652 visits as of January 2017, exceeding the target of 2,048 annually.
- → There were 2,960 nursing triage visits in the North West

LHIN as of December, 2016, exceeding annual target of 2,600.

- → Five primary care sites in the North West LHIN have participated in training to establish primary care memory clinics in the region. The Red Lake Family Health Team, North Shore Family Health Team and Fort Frances Family Health Team participated. Two additional teams from the City of Thunder Bay participated at a later time, including collaborative multidisciplinary teams led by the NorWest CHC and St. Joseph's Care Group.
- → The Regional Primary Care Council and City of Thunder Bay Primary Care Councils met quarterly throughout 2016-2017 with a focus on improved access to care, quality initiatives in primary care and ongoing knowledge exchange on local and provincial initiatives.
- → The North West LHIN developed a draft submission for the Ministry entitled ***"Strengthening Access, Performance and Accountability of Primary Care within the North West LHIN"*** to help inform local and provincial planning. This has been discussed with primary care providers and posted on the North West LHIN website for ongoing discussion.

Improving Access to Specialty Care

Access to specialty care remains a challenge in the North West LHIN. The North West LHIN Health Services Blueprint indicates that patients who live in rural areas often travel long distances to Thunder Bay, Winnipeg or beyond in order to access specialized services including cardiac paediatrics and high risk obstetrical care.

To reduce the need for travel and improve access to specialty consultation, a network of virtual care has been established and will continue to evolve to help meet the demand for specialty services in the North West LHIN while connecting residents with the appropriate care in a timely manner. The Northwest region is a provincial leader in this area and will continue to support expansion of virtual care moving forward.

In 2016-2017, there were significant achievements in the North West LHIN with improved access to specialty care, including:

- → Important steps in the implementation of a Regional Orthopaedics Program were executed:
  - » Funded a lead for the Regional Orthopaedics Program.
  - » Began implementation and design of:
    - Centralized Intake for Hip and Knee Diagnosis at three pilot sites.
    - A region-wide implementation of Standardized Care Pathway for Hip and Knee Diagnosis.
    - A Surgical Services Model at one pilot site.
    - A Procedure Management Information System (PROMIS) for electronic booking and management of surgeries across all four surgical hospitals.
- → Expanded virtual fracture clinics beyond an initial pilot in the Dryden Regional Health Centre to additional hospitals in the region, beginning with Lake of the Woods District Hospital and Meno Ya Win Health Centre, improving access to care and reducing the need for travel.
- → Established dedicated clinical telemedicine equipment and space for orthopaedic specialist appointments for follow-up to surgery, and for consultations on emergent fracture care in the regional hospital EDs. Patient visits are expected to be 4,000 per year.
- → Standardized region-wide consent forms, lab and imaging forms, and processes for joint replacement surgery, improving information exchange between care providers.
- → Standardized a region-wide pathway for hip and knee replacement surgery which supports improved health outcomes for patients and improved health system efficiency.
- → Enabled 743 patient appointments for urgent care, casting or routine follow ups through the Virtual Fracture Clinic, resulting in less travel to appointments in Thunder Bay for regional residents. The Virtual Fracture Clinic has greatly reduced the need to travel for orthopaedic engagement sessions across the region.
- → Improved the performance in the percentage of MRI cases completed within access target for MRI scan for 2016-2017 as of September was 42.14 per cent, compared with 28.59 per cent in September of 2015-2016. Performance of this indicator is better than provincial average of 38.37 per cent in 2016-2017 Q2.
- → The completed number of cases within access target for CT scan for 2016-2017 as of September was 93.73 per cent, a marked improvement over the same period in 2015-2016 (49.59 per cent) and better than the 2016-2017 provincial average of 74.93 per cent. Performance increased drastically with the installation of a new CT scanner at TBRHSC.

Integrating the System of Care for Mental Health and Addictions

To improve access and reduce inequities across the system, the North West LHIN has identified the need for a comprehensive, integrated, and regional model of care for mental health and addictions. This incorporates awareness, education, assessment, early intervention and long-term supports to improve the quality of life and health outcomes for all people living with mental health issues.

In 2016-2017, there were significant achievements in the North West LHIN that led to improved integration of the system of care for mental health and addictions:

- → Collaborated with the Centre for Addictions and Mental Health (CAMH) and the MOHLTC to implement standardized assessment tools and supporting training regarding data quality. It is also bringing in other resources to support improved data collection among HSPs.
- → Integrated Aboriginal wellness strategy and cultural considerations into ongoing planning to ensure culturally-appropriate care.
- → Worked with District Social Services Advisory Boards (DSSABs), to identify supportive housing needs and capacity as well as developing strategies to meet those needs.
- → Funded Behavioural Supports Ontario programs resulting in new positions in the Thunder Bay Behavioural Services Unit as well as in the rural sub-regions for individuals with responsive behaviours, thus improving access to care.
- → Worked closely with the Thunder Bay Canadian Mental Health Association (CMHA), Thunder Bay Police Service and other local stakeholders to develop an improved crisis response system which includes effective education and training for police and health professionals. The North West LHIN provided funding for mobile crisis response training for mental health and addictions staff members and police officers, which helps officers react appropriately to situations involving people with a mental health illness and improve mental health related-calls, and contact with mental health system. All police officers and emergency staff completed the training by the end of July 2016.

Priority Three

Building an Integrated eHealth Framework

Electronic Health (eHealth) is a critical enabler to health care system integration. While Northwestern Ontario has made significant advances in eHealth there is considerable work left to do. Tremendous progress has been made in the adoption of electronic medical records, but there are many stand-alone, non-integrated information systems throughout the region that do not assist health care providers with the information they need across the continuum of care. The majority of specialists in the region do not use electronic medical records. There are also many remote communities in the North West LHIN without the infrastructure, bandwidth, or training to support advances in eHealth.

Communication and sharing of critical medical information between providers, across sectors, and with patients has dramatically improved with technological solutions. Sensors and wearables, remote monitoring, mobile health, portal technology and virtual health care are becoming more widely available to clinicians and patients, with the potential to save time, facilitate communication, and improve care experiences and health outcomes by directly empowering and engaging people in monitoring their health and making health care decisions.

In order to continue to advance eHealth in the region, the North West LHIN continues to seek out and find innovative solutions to priority issues, establish appropriate organizational structures and service offerings, and collaborate regionally for cost-effective, integrated solutions.

In 2016-2017, there were several notable eHealth achievements in the North West LHIN:

- → Other significant eHealth achievements in 2016-2017 are helping to find innovative solutions to priority issues, improve collaboration across the region in a way that is cost-effective, integrated, and person-centred:
- → Implemented electronic Referrals between Primary Care and Specialist physicians within the North West LHIN as a pilot, enabling better matching of patients to care providers.
- → Advanced the rollout of acute to CCAC electronic referrals to small hospitals in the region, streamlining the referral process and improving access to care.
- → Rolled out the provincial eConsult Service. Many clinicians are now using eConsult within the region to reduce patient wait times for specialist care and to improve the patient experience.
- → Implemented several eHealth Infrastructure projects in partnership with the Northwest Health Alliance on behalf of the small hospitals in the region, enabling a more integrated, adaptable, secure and sustainable technology ecosystem that supports patient care in the North West LHIN.

Connecting Northern and Eastern Ontario (cNEO) Clinical Viewer

Implemented the cNEO Clinical Viewer that will enable province-wide patient clinical information sharing so that clinicians, whether in a doctor s office, community clinic, or hospital. Broad implementation and adoption of the clinical viewer is starting within the regional hospitals and the North West CCAC and is expected to be substantially complete by the end of 2017-2018.

Priority Four

Ensuring Health System Accountability and Sustainability

Building a sustainable health care system requires proactive planning to ensure sufficient resources are available to meet the needs of everyone who depends on them now and in the future. The North West LHIN recognizes the challenges facing local health systems, health service providers, and other sector partners, including growing expectations for improved access to quality care, significant financial pressures on hospitals at local and provincial levels, and human resource recruitment and retention. It is clear that significant system transformation is required to achieve cost-efficiency, improved health outcomes, and quality of care, and to deliver sustainable services amidst limited resources.

To support a value-based approach, the North West LHIN continues to allocate funding so that it is more closely linked to the patient, specific needs, and the best way to treat conditions. This approach, known as Health System Funding Reform, will align funding with high quality care, base decisions on the best evidence to improve patient outcomes, and enable the most efficient use of resources. These changes will make the system as balanced and effective as possible, by better responding to demographic changes and health care needs specific to each community.

The province is moving towards standardized indicators for the health system that will be achieved over time.

In 2016-2017, The North West LHIN advanced several initiatives that support the provincial direction and contribute to improved system accountability and sustainability:

- → Worked to identify strategies to improve programs delivering services at or below the North West LHIN benchmarks for cost per unit of service and administration.
- → Implementation of a risk-based approach to performance management, with the North West LHIN dedicating resources required to the areas that present the most significant risk or alternatively have the most significant opportunity to improve health system value.
- → Developed progress and impact indicators for each regional program and transformation initiative through collaboration with committees of stakeholders, and regularly monitored for system change impact.
- → Engaged with and provided support to all HSPs as required to complete reporting requirements. In completing the performance management process, the North West LHIN worked with each provider with the support necessary to enable them to complete reporting requirements. Additionally, where feasible, the LHIN amends and customizes the reporting requirements to align with the size and complexity of the provider/ program. This has enabled improved funding efficiencies and process that ensure continued operation of critical programs and services.
- → Supported 12 of the 13 small hospitals in the North West LHIN to initiate a Quality Based Procedure (QBP) Order Set project and have identified three to seven QBPs to be adopted at their hospital site, helping to standardize quality-based care pathways and costing models for high impact programs and services. This allows for improved patient outcomes through standardization of practices, human resource utilization, and more predicable patient outcomes and lengths of stay.

Quality Improvement Plans (QIPs)

- → On an annual basis, 1,000 hospitals, long-term care homes, community care access centres (CCACs), and interprofessional team-based primary care organizations across Ontario developed and submitted QIPs, including those in the North West LHIN.
- → The priority issues and indicators in these QIPs correspond to the six dimensions of a quality health care system (safe, effective, patient-centred, efficient, timely, and equitable).
- → Provincially, there was a high uptake of priority issues in the 2016-2017 QIPs, particularly patient experience and integration.
- → More than three-quarters (78%) of organizations described working on at least one of the indicators related to integration.
- → More than 80% of organizations described working on at least one of the indicators related to patient experience.
- → The North West LHIN showed a 2% improvement in QIP indicators from April 2015 to April 2016.
- → 2016-2017 data was received in April and is being tabulated.

Engaging Communities

Engagement with the people of Northwestern Ontario is a priority of the North West LHIN. This Community Engagement fuels positive transformation in the health care system and health service delivery by enabling the people of Northwestern Ontario to take part in system planning and development. In this way, the health care system in Northwestern Ontario is one that is informed and designed by the people of Northwestern Ontario, for the people of Northwestern Ontario.

In 2016-2017, the North West LHIN engaged with a total of 7,438 individuals across 1,030 events.

The North West LHIN is grateful for the invaluable input from the people, health service providers, and communities of the North West LHIN. Through this engagement, the North West LHIN has been privileged to continue strengthening and deepening its connection to the people, families and care providers from across the region. These relations have proven instrumental in the positive development of the health care system in Northwestern Ontario.

Aboriginal Community Engagement

The North West LHIN is committed to promoting close working relationships with Aboriginal agencies and communities. Highlights of this year include: the hosting of the Annual Aboriginal Health Forum with a focus on health equity, the wide promotion of provincially-funded Indigenous Cultural Safety Training to LHIN funded providers across the region, and the development of the North West LHIN Indigenous Health Action Plan. The LHIN looks forward to working with stakeholders on the priorities that have been identified through our community engagement from this past year.

Indigenous Culture Safety Training

- The North West LHIN is implementing provincially funded Indigenous Cultural Safety training seats for funded HSPs in the region. The LHIN has also identified and supported training for providers on an as-needed basis based on stakeholder feedback.
- Indigenous Cultural Safety training seats offered for funded health service providers in the region.
- Between November 2016 and April 2017, 139 health care workers have registered for this training.

2016 North West LHIN Leadership Award Celebration.

Notable achievements over the past year include:

- Participated in urban Aboriginal planning sessions in Dryden and Fort Frances. These were aimed at coordinating services for urban Aboriginal people in those municipalities and were used as feedback sessions for the province's Urban Aboriginal Strategy.
- Supported diabetes program review sessions in Fort Frances with Gizhewaadiziwin First Nation, Aboriginal Health Access Centres (AHAC), Fort Frances Tribal Area Health Services (FFTAHS), and Sunset Family Health Team. These sessions supported the integration of the activities of various programs that serve the same clients.
- Participated with the Community Health Worker (CHW) Diabetes Project, part of the Sioux Lookout First Nations Health Authority (SLFNHA). This working group focuses on review and improvement the community health worker diabetes project, led by SLFNHA. This is a multi-level, inter disciplinary group, and the project aims to provide standardized education to local health workers in four remote First Nations communities.

Engaging Communities Online

The North West LHIN's presence on social media in 2016-2017 was a rich and collaborative environment with many new online partners and audiences to promote health care achievements and developments in the Northwest. The North West LHIN continues to promote its brand to a large online audience, cultivating awareness and the important work being done by all circles of the health care system. The ongoing effort to incorporate social media practice into daily communication and long-term stakeholder engagement goals has helped broaden the North West LHIN's online visibility. These channels continue to strengthen the ongoing conversation for the people of Northwestern Ontario regarding their health, and how to provide them with a voice for planning their health care needs.

- Total number of visitor sessions to the North West LHIN website for the 2016-2017 year was 28,654.
- Of those sessions, 60.2% or 17,244 were new sessions.
- The online audience has continued to grow with 517 followers on Twitter, a 37% increase from 2015-2016.
- The North West LHIN is attracting new visitors to the website with analytics indicating the correlation between community engagement events and an increase in website traffic.

Francophone Community Engagement

The North West LHIN works with the North East LHIN and the Réseau du mieux-être francophone du Nord de l'Ontario, (French Language Health Planning Entity, FLHPE) to address the health care needs of the Francophone population in the North. The North West LHIN, in collaboration with the FLHPE, developed a three-year joint action plan (2016-2019) that aims to improve access, coordination and the sustainability of equitable French language services for Francophones in Northern Ontario.

Notable achievements over the course of 2016-2017 include:

- Developed the fifth Joint Action Plan for a three-year period to align with the North West LHIN's IHSP 2016-2019.
- Developed a collaborative process with the FLHPE to identify potential candidates as providers of French language services.
- Held six FLS sub-region planning sessions for three of the sub-regions. The goal of these sessions was to work together as sub-regions towards planning and providing available services in French to the Francophone community.
- Developed an online FLS Toolkit as a joint project with the North East LHIN in collaboration with the FLHPE to provide a central location for health service providers to find information and planning tools for improving access to French language services. The FLS Toolkit is available via both the North West and North East LHIN websites.
- Offered a six-week program for Self-Management and Chronic Diseases in French in Geraldton.
- Completed training for French speaking peer leaders to enhance access to self-management programs for the Francophone population.
- Offered diabetes education sessions in French via OTN; linked to Hamilton Niagara CHC.
- Supported community engagement sessions held by the FLHPE with the Francophone community through the Carrefour santé meetings to determine health needs of the Francophone population. Active offer of services in French across all sectors was a recurring theme with a focus on mental health services.
- The FLHPE worked in collaboration with the organization Tel-Aide Outaouais to establish a helpline for Francophones in the North West region. This helpline is a free, anonymous and confidential telephone service for French speaking people in need of emotional support available between 8 am to midnight 365 days of the year.
- Trained two Francophone social workers in Thunder Bay to become instructors for offering the program Mental Health First Aid, a course developed by the Mental Health Commission of Canada. This course outlines techniques to help people developing a mental health problem or experiencing a mental health crisis.
- Offered interpretation services via OTN through the office of l'Accueil francophone throughout the North West region.
- Supported the FLHPE as it held 10 community engagement sessions with the Carrefours santé groups in the North West region.

Ministry LHIN Accountability Agreement (MLAA) Indicators

North West LHIN Performance Indicators

2016-2017 ANNUAL REPORT

DATED: May 12, 2017 Release

PERFORMANCE INDICATORS	Provincial Target (P)	Provincial				LHIN			
		2014-2015 Fiscal Year Result	2015-2016 Fiscal Year Result	Most Recent Quarter	2016-2017 Result	2014-2015 Fiscal Year Result	2015-2016 Fiscal Year Result	Most Recent Quarter	2016-2017 Result
Indicators									
Percentage of home care clients with complex needs who received their personal support visit within 5 days of the date that they were authorized for personal support services	95.00%	85.39%	85.36%	82.10%	85.58%	76.43%	78.52%	61.90%	74.53%
Percentage of home care clients who received their nursing visit within 5 days of the date they were authorized for nursing services	95.00%	93.71%	94.00%	93.83%	94.53%	89.31%	88.32%	91.48%	93.87%
90th Percentile Wait Time for CCAC In-Home Services - Application from Community Setting to first CCAC Service (excluding case management)	21 days	29.00	29.00	29.00	31.00	35.00	28.00	31.00	31.00
90th percentile emergency department (ED) length of stay for complex patients	8 hours	10.13	9.97	11.03	10.38	9.73	9.33	10.32	9.58
90th percentile emergency department (ED) length of stay for minor uncomplicated patients	4 hours	4.03	4.07	4.23	4.15	3.88	3.93	4.27	4.18
Percent of priority 2, 3 and 4 cases completed within access target for MRI scans	90.00%	41.75%	38.43%	40.76%	40.17%	59.16%	34.28%	35.36%	41.43%
Percent of priority 2, 3 and 4 cases completed within access target for CT scans	90.00%	77.77%	74.66%	78.31%	75.89%	80.16%	50.40%	90.05%	87.22%
Percent of priority 2, 3 and 4 cases completed within access target for hip replacement	90.00%	81.51%	79.97%	77.89%	78.47%	73.04%	83.08%	75.64%	78.65%
Percent of priority 2, 3 and 4 cases completed within access target for knee replacement	90.00%	79.76%	79.14%	74.50%	75.02%	64.66%	71.85%	82.39%	76.61%
Percentage of Alternate Level of Care (ALC) Days	9.46%	14.35%	14.50%	15.85%	15.16%	21.72%	21.27%	31.12%	25.68%
ALC Rate	12.70%	13.70%	13.98%	15.27%	15.19%	27.60%	27.76%	30.86%	30.58%
Repeat Unscheduled Emergency Visits within 30 Days for Mental Health Conditions	16.30%	19.62%	20.19%	20.39%	19.81%	16.32%	16.98%	21.05%	18.04%
Repeat Unscheduled Emergency Visits within 30 Days for Substance Abuse Conditions	22.40%	31.34%	33.01%	31.15%	31.40%	43.22%	46.24%	40.60%	43.43%
Readmission within 30 days for selected HIG conditions	15.50%	16.60%	16.65%	16.66%	16.51%	16.64%	16.45%	17.88%	17.71%

INDICATOR	Provincial Target	Provincial				LHIN			
		2014-2015 Fiscal Year Result	2015-2016 Fiscal Year Result	Most Recent Quarter	2016-2017 Result	2014-2015 Fiscal Year Result	2015-2016 Fiscal Year Result	Most Recent Quarter	2016-2017 Result
Monitoring Indicators									
Percent of priority 2, 3 and 4 cases completed within access target for cancer surgery	90.00%	87.02%	88.03%	86.82%	87.23%	86.50%	84.26%	84.00%	77.03%
Percent of priority 2, 3 and 4 cases completed within access target for cardiac by-pass surgery	90.00%	96.01%	95.00%	93.00%	93.00%	NA	NA	NA	NA
Percent of priority 2, 3 and 4 cases completed within access target for cataract surgery	90.00%	91.93%	88.09%	85.32%	85.01%	93.87%	91.51%	91.10%	89.21%
CCAC wait times from application to eligibility determination for long-term care home placements: from community setting	N/A	14.00	14.00	14.00	14.00	35.00	34.50	36.00	36.00
CCAC wait times from application to eligibility determination for long-term care home placements: from acute-care setting	N/A	8.00	7.00	8.00	8.00	15.00	12.00	14.00	14.00
Rate of emergency visits for conditions best managed elsewhere per 1,000 population	N/A	19.56	18.47	4.58	12.28	42.67	42.62	10.06	28.84
Hospitalization rate for ambulatory care sensitive conditions per 100,000 population	N/A	320.78	320.13	81.88	241.40	519.59	564.67	148.96	447.79
Percentage of acute care patients who had a follow-up with a physician within 7 days of discharge	N/A	46.09%	46.61%	47.46%	47.81%	36.98%	36.89%	38.86%	38.55%

Indicator	Report on North West LHIN Performance
Home Care Service Wait Times	Wait times for home care services are a priority of the North West LHIN. The North West LHIN worked with North West Community Care Access Centre (CCAC) and can confirm clients were not waiting for periods beyond the provincial targets waiting for service initiation. Issues have been identified with respect to data coding and client related issues such as client readiness for service which materially impact the metrics. Throughout 2016-17 and continuing into 2017-18, the CCAC has implemented operational processes and strategies to address the issues impacting data quality which is driving current performance.
Emergency Room Length of Stay	Wait times in emergency departments in Northwestern Ontario for high acuity patients were generally consistent with the previous year in 2016-2017, while low acuity wait times increased marginally. This performance is notable given the operating pressures placed on hospitals as a result of continued overcapacity challenges. See **page 15** for additional information on strategies implemented to manage emergency department wait times.
Cancer Surgery Wait Times	Wait times for cancer surgery in the North West LHIN have increased in 2016-2017. Through regular engagement with the North West Regional Cancer Program, it has been identified that an increase in the number of high priority cases and surgical staffing vacancies are the primary drivers of current performance. The North West LHIN and North West Regional Cancer Program continue to monitor performance and anticipate that performance will rebound to exceptional levels.
Cataract Wait Times	Wait times for cataract surgeries in the North West LHIN are lower than those experienced across the province. Performance is consistent with previous years. The North West LHIN continues to monitor performance of wait times for cataract surgery and will implement strategies as required to manage performance.
Hip and Knee Replacement	During 2016-2017 wait times for knee replacement surgery improved while wait times for hip replacement surgery increased. In 2016-2017, the North West LHIN launched the Regional Orthopaedics Program which created a single integrated service for orthopaedics services across the LHIN. The North West LHIN Regional Orthopaedics Program will continue to manage hip and knee wait time performance and factors influencing performance. See **page 19** for additional information on the Regional Orthopaedics Program.
Diagnostic MRI and CT Scans	Wait times in the North West LHIN for diagnostic MRI and CT scans have improved in 2016-2017. The improvement in wait times is significant given that referral volumes received from primary care for diagnostic imaging continues to increase year over year. Strategies implemented to manage wait times for diagnostic procedures include the use of queuing theory to schedule and engaging with clinicians ensure diagnostic imaging utilization is clinically appropriate.
Alternate Level of Care	Alternate Level of Care (ALC) rates increased marginally in the North West LHIN in 2016-2017. These ALC rates were anticipated as the LHIN invested in significant incremental transitional care spaces in hospital settings to care for patients that appropriate for long-term care in the City of Thunder Bay. These temporary investments were put in place to care for patients until new long-term care beds were opened which is occurring in 2017-2018. Refer to **page 15** for additional information related to strategies implemented to improve performance related to ALC.
Readmission Rates	Readmission rates in the North West LHIN increased in 2016-2017 and are a focus of the LHIN. Readmission rates can be correlated with hospital length of stay which hospitals are continuously making efforts to reduce. The LHIN is committed to working with hospitals and other stakeholders including Health Quality Ontario to manage readmission rates and ensure quality outcomes for patients.
Rate of Repeat Emergency Department Visits for Mental Health Conditions	The rate of repeat emergency department visits for substance abuse related conditions decreased while the rate for mental health conditions increased slightly in 2016-2017 in the North West LHIN. The North West LHIN has identified that the achievement and sustainment of long-term solutions for mental health and addictions necessitates the development of a comprehensive regional integrated plan for mental health and addictions services. See **page 20** for additional information on this planning for mental health and addictions services.
Hospitalization Rates	The North West LHIN has identified that rates of hospitalization are higher than those experienced elsewhere in Ontario. This is primarily attributed to the lower overall health status of residents of the North West. In response to this, the North West LHIN is implementing strategies to minimize the rate of hospitalization for chronic conditions, standardize care pathways for admitted patients and reduce readmission rates.
Long-Term Care Home Eligibility Assessment Wait Times	Within the North West LHIN, specifically in the City of Thunder Bay, the demand for long-term care beds is greater than supply. As a result, the wait times experienced for those applying to long-term care are longer than elsewhere in the province. Despite these pressures, the North West Community Care Access Centre has implemented process improvement strategies to reduce the time from application to assessment and is working with system partners to improve wait times for these indicators.
Emergency Department Utilization	Within the North West LHIN, emergency department utilization has historically been higher than rates experienced elsewhere in the province. The rate of emergency department utilization is significantly influenced by small and rural hospitals which have capacity to provide low acuity services within the fixed hospital infrastructure. Despite these realities, the LHIN is expanding efforts to reduce emergency department utilization through the expansion of Health Links and developing strategies in conjunction with primary care providers.
Access to Primary Care	Access to primary care services is considered a key enabler to developing an effective patient centered health system. The LHIN recognizes that the rate of access to primary care in the North West LHIN is below that of the province. In alignment with the North West LHIN Health Services Blueprint, The North West LHIN is engaging with stakeholders including primary care practitioners to improve access to primary care services.

Financial statements of

North West Local Health Integration Network

March 31, 2017

North West Local Health Integration Network

March 31, 2017

Table of contents

Independent Auditor's Report 1-2

Statement of financial position 3

Statement of operations 4

Statement of change in net debt 5

Statement of cash flows 6

Notes to the financial statements 7-14

Deloitte.

Deloitte LLP
400 Applewood Crescent
Suite 500
Vaughan ON L4K 0C3
Canada

Tel: 416-601-6150
Fax: 416-601-6151
www.deloitte.ca

Independent Auditor's Report

To the Members of the Board of Directors of the
North West Local Health Integration Network

We have audited the accompanying financial statements of North West Local Health Integration Network, which comprise the statement of financial position as at March 31, 2017, and the statement of operations, change in net debt and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian public sector accounting standards, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained in our audit is sufficient and appropriate to provide a basis for our audit opinion.

Opinion
In our opinion, the financial statements present fairly, in all material respects, the financial position of North West Local Health Integration Network as at March 31, 2017 and the results of its operations, change in its net debt, and its cash flows for the years then ended in accordance with Canadian public sector accounting standards.

Deloitte LLP

Chartered Professional Accountants
Licensed Public Accountants
May 30, 2017

North West Local Health Integration Network

Statement of financial position
as at March 31, 2017

	2017	2016
	$	$
Financial assets		
Cash	444,497	409,994
Due from Ministry of Health and Long Term Care ("MOHLTC") Health Service Provider ("HSP") transfer payments (Note 9)	4,869,393	9,261,071
Accounts receivable	84,767	101,786
	5,398,657	9,772,851
Liabilities		
Accounts payable and accrued liabilities	428,318	369,031
Due to HSPs (Note 9)	4,869,393	9,261,071
Due to MOHLTC (Note 3)	95,247	137,920
Due to the LHIN Shared Services Office (Note 4)	-	15,919
Due to HSSO (Note 4)	12,309	-
Deferred capital contributions (Note 5)	80,215	117,344
	5,485,482	9,901,285
Net debt	(86,825)	(128,434)
Commitments (Note 6)		
Non-financial assets		
Tangible capital assets (Note 7)	80,215	117,344
Prepaid expenses	6,610	11,090
	86,825	128,434
Accumulated surplus	-	-

Approved by the Board

Director

Director

The accompanying notes to the financial statements are an integral part of these financial statements.

North West Local Health Integration Network

Statement of operations
year ended March 31, 2017

	Budget (Note 8)	2017 Actual	2016 Actual
	$	$	$
Revenue			
MOHLTC funding			
HSPs transfer payments (Note 9)	651,036,692	674,545,363	665,422,964
Operations of LHIN	4,779,592	4,717,506	4,771,417
Project Initiatives			
Aboriginal Community Engagement	160,000	160,000	160,000
Emergency Department ("ED") LHIN Lead	-	75,000	75,000
Critical Care ("CC") LHIN Lead	-	75,000	75,000
Emergency Room/Alternative Level of Care ("ER/ALC") Performance Lead	100,000	100,000	100,000
Primary Care ("PC") LHIN Lead	-	75,000	75,000
French Language Health Services	106,000	106,000	106,000
Diabetes Regional Coordination Centre	1,042,299	1,042,299	1,042,299
Enabling Technologies for Integration Project Management Office	510,000	510,000	510,000
Patients First Transition Planning and Implementation	-	180,000	-
Amortization of deferred capital contributions	-	63,451	61,612
	657,734,583	681,649,619	672,399,292
Funding repayable to the MOHLTC (Note 3)	-	(84,116)	(11,130)
	657,734,583	681,565,503	672,388,162
Expenses			
Transfer payments to HSPs (Note 9)	651,036,692	674,545,363	665,422,964
General and administrative (Note 10)	4,779,592	4,775,694	4,832,446
Project Initiatives (Note 11)			
Aboriginal Community Engagement	160,000	160,000	160,000
Enabling Technologies for Integration Project Management Office (Note 4)	510,000	510,000	510,000
ED LHIN Lead	-	75,000	75,000
CC LHIN Lead	-	72,000	72,000
Emergency Room/Alternative Level of Care ("ER/ALC") Performance Lead	100,000	100,000	100,000
Primary Care ("PC") LHIN Lead	-	72,731	67,453
French Language Health Services	106,000	106,000	106,000
Diabetes Regional Coordination Centre	1,042,299	968,715	1,042,299
Patients First Transition Planning and Implementation	-	180,000	-
	657,734,583	681,565,503	672,388,162
Annual surplus and accumulated surplus, end of year	-	-	-

The accompanying notes to the financial statements are an integral part of these financial statements.

North West Local Health Integration Network

Statement of change in net debt
year ended March 31, 2017

	2017	2016
	$	$
Annual surplus	-	-
Acquisition of tangible capital assets	**(26,322)**	(8,175)
Amortization of tangible capital assets	**63,451**	61,612
Decrease in Prepaid expenses	**4,480**	17,154
Decrease in net debt	**41,609**	70,591
Net debt, beginning of year	**(128,434)**	(199,025)
Net debt, end of year	**(86,825)**	(128,434)

The accompanying notes to the financial statements are an integral part of these financial statements.

North West Local Health Integration Network

Statement of cash flows
year ended March 31, 2017

	2017	2016
	$	$
Operating transactions		
Annual surplus	-	-
Less items not affecting cash		
Amortization of tangible capital assets	63,451	61,612
Amortization of deferred capital contributions (Note 5)	(63,451)	(61,612)
Changes in non-cash operating items		
Prepaid expenses	4,480	17,154
Due from MOHLTC - HSPs transfer payments	4,391,678	(6,855,313)
Accounts receivable	17,019	5,488
Accounts payable and accrued liabilities	59,287	(141,832)
Due to HSPs	(4,391,678)	6,855,313
Due to MOHLTC	(42,673)	11,130
Due to LHIN Shared Services Office	(15,919)	3,144
Due to HSSO	12,309	-
	34,503	(104,916)
Capital transaction		
Acquisition of tangible capital assets	(26,322)	(8,175)
Financing transaction		
Increase in deferred capital contributions (Note 5)	26,322	8,175
Net increase (decrease) in cash	34,503	(104,916)
Cash, beginning of year	409,994	514,910
Cash, end of year	444,497	409,994

The accompanying notes to the financial statements are an integral part of these financial statements.

North West Local Health Integration Network

Notes to the financial statements

March 31, 2017

1. Description of business

The North West Local Health Integration Network was incorporated by Letters Patent on June 16, 2005 as a corporation without share capital. Following Royal Assent to Bill 36 on March 28, 2006, it was continued under the Local Health System Integration Act, 2006 (the "Act") as the North West Local Health Integration Network (the "LHIN") and its Letters Patent were extinguished. As an agent of the Crown, the LHIN is not subject to income taxation.

The LHIN is, and exercises its powers only as, an agent of the Crown. Limits on the LHIN's ability to undertake certain activities are set out in the Act.

The mandates of the LHIN are to plan, fund and integrate the local health system within its geographic area. The LHIN spans carefully defined geographical areas and allows for local communities and health care providers within the geographical area to work together to identify local priorities, plan health services and deliver them in a more coordinated fashion. The LHIN covers the Districts of Thunder Bay, Rainy River and most of Kenora. The LHIN enters into service accountability agreements with service providers.

The LHIN is funded by the Province of Ontario in accordance with Ministry-LHIN Accountability Agreement ("MLAA"), which describes budget arrangements established by the Ministry of Health and Long-Term Care ("MOHLTC") and provides the framework for the LHIN accountabilities and activities. These financial statements reflect agreed funding arrangements approved by the MOHLTC. The LHIN cannot authorize an amount in excess of the budget allocation set by the MOHLTC.

The LHIN assumed responsibility to authorize transfer payments to the Health Service Providers ("HSPs"), effective April 1, 2007. The transfer payment amount is based on provisions associated with the respective HSP Accountability Agreement with the LHIN. Throughout the fiscal year, the LHIN authorizes and notifies the MOHLTC of the transfer payment amount; the MOHLTC, in turn, transfers the amount directly to the HSPs. The cash associated with the transfer payment does not flow through the LHIN bank account. Commencing April 1, 2007, all funding payments to LHIN managed HSPs in the LHIN geographic area, have flowed through the LHIN's financial statements. Funding allocations from the MOHLTC are reflected as revenue and an equal amount of transfer payments to authorized HSPs are expensed in the LHIN's financial statements for the year ended March 31, 2017.

The LHIN statements do not include any MOHLTC managed programs.

2. Significant accounting policies

The financial statements of the LHIN are the representations of management, prepared in accordance with Canadian public sector accounting standards. Significant accounting policies adopted by the LHIN are as follows:

Basis of accounting

Revenues and expenses are reported on the accrual basis of accounting. The accrual basis of accounting recognizes revenues in the fiscal year that the events giving rise to the revenues occur and they are earned and measurable; expenses are recognized in the fiscal year that the events giving rise to the expenses are incurred, resources are consumed, and they are measurable. Through the accrual basis of accounting, expenses include non-cash items, such as the amortization of tangible capital assets.

2. Significant accounting policies (continued)

Government transfer payments

Government transfer payments from the MOHLTC are recognized in the financial statements in the year in which the payment is authorized and the events giving rise to the transfer occur, performance criteria are met, and reasonable estimates of the amount can be made.

Certain amounts, including transfer payments from the MOHLTC, are received pursuant to legislation, regulation or agreement and may only be used in the conduct of certain programs or in the completion of specific work. Funding is only recognized as revenue in the fiscal year the related expenses are incurred or services performed. In addition, certain amounts received are used to pay expenses for which the related services have yet to be performed. These amounts are recorded as payable to the MOHLTC at period end.

Deferred capital contributions

Any amounts received that are used to fund expenses that are recorded as tangible capital assets, are recorded as deferred capital contributions and are recognized as revenue over the useful life of the asset reflective of the provision of its services. The amount recorded under "revenue" in the Statement of operations, is in accordance with the amortization policy applied to the related tangible capital asset recorded.

Tangible capital assets

Tangible capital assets are recorded at historic cost. Historic cost includes the costs directly related to the acquisition, design, construction, development, improvement or betterment of tangible capital assets. The cost of tangible capital assets contributed is recorded at the estimated fair value on the date of contribution. Fair value of contributed tangible capital assets is estimated using the cost of asset or, where more appropriate, market or appraisal values. Where an estimate of fair value cannot be made, the tangible capital asset would be recognized at nominal value.

Maintenance and repair costs are recognized as an expense when incurred. Betterments or improvements that significantly increase or prolong the service life or capacity of a tangible capital asset are capitalized. Computer software is recognized as an expense when incurred.

Tangible capital assets are stated at cost less accumulated amortization. Tangible capital assets are amortized over their estimated useful lives as follows:

Office furniture and fixtures	5 years straight-line method
Computer equipment	3 years straight-line method
Leasehold improvements	Life of lease straight-line method
Web development	3 years straight-line method

For assets acquired or brought into use during the year, amortization is provided for a full year.

Segmented information

A segment is defined as a distinguishable activity or group of activities for which it is appropriate to separately report financial information. Management has determined that existing disclosures in the statement of operations and within the related notes for both the prior and current year sufficiently disclose information for all appropriate segments and therefore no additional disclosure is required.

Use of estimates

The preparation of financial statements in conformity with Canadian public sector accounting standards requires management to make estimates and assumptions that affect the reported amount of assets and liabilities, the disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Significant items subject to such estimates and assumptions include valuation of accrued liabilities and useful lives of the tangible capital assets. Actual results could differ from those estimates.

3. Funding repayable to the MOHLTC

In accordance with the MLAA, the LHIN is required to be in a balanced position at year-end. Thus, any funding received in excess of expenses incurred, is required to be returned to the MOHLTC.

The amount repayable to the MOHLTC related to the current year activities is made up of the following components:

	Funding	Eligible expenses	2017 Funding excess	2016 Funding excess
	$	$	$	$
LHIN operations	4,717,506	4,712,243	5,263	583
Aboriginal Community Engagement	160,000	160,000	-	-
Enabling Technologies for Integration Project Management Office	510,000	510,000	-	-
ED LHIN Lead	75,000	75,000	-	-
Critical Care ("CC") LHIN Lead	75,000	72,000	3,000	3,000
ER/ALC Performance Lead	100,000	100,000	-	-
PC LHIN Lead	75,000	72,731	2,269	7,547
French Language Health Services	106,000	106,000	-	-
Diabetes Education	1,042,299	968,715	73,584	-
Patients First Transition Planning and Implementation	180,000	180,000	-	-
	7,040,805	6,776,689	84,116	11,130

The continuity of the amount due to the MOHLTC at March 31 is as follows:

	2017	2016
	$	$
Due to MOHLTC, beginning of year	137,920	126,790
Funding repaid to MOHLTC	(126,789)	-
Funding repayable to the MOHLTC related to current year activities	84,116	11,130
Due to MOHLTC, end of year	95,247	137,920

4. Related party transactions

LHIN Shared Service Office, LHINC Collaborative and Health Shared Services Ontario

The LHIN Shared Services Office (the "LSSO") was a division of the Toronto Central LHIN and was subject to the same policies, guidelines and directives as the Toronto Central LHIN. The LSSO, on behalf of the LHINs was responsible for providing services to all LHINs. The full costs of providing these services was billed to all the LHINs. Any portion of the LSSO operating costs overpaid (or not paid) by the LHIN as at February 28, 2017 were recorded as a receivable (payable) from (to) the LSSO. This was done pursuant to the shared service agreement the LSSO has with all the LHINs.

4. Related party transactions (continued)

LHIN Shared Service Office, LHINC Collaborative and Health Shared Services Ontario (continued)

The LHIN Collaborative (the "LHINC") was formed in fiscal 2010 to strengthen relationships between and among health service providers, associations and the LHINs, and to support system alignment. The purpose of LHINC was to support the LHINs in fostering engagement of the health service provider community in support of collaborative and successful integration of the health care system; their role as system manager; where appropriate, the consistent implementation of provincial strategy and initiatives; and the identification and dissemination of best practices. LHINC was a LHIN-led organization and accountable to the LHINs. LHINC was funded by the LHINs with support from the MOHLTC.

Effective February 28, 2017 pursuant to a transfer agreement between Toronto Central LHIN and Health Service Shared Services Ontario (HSSO) responsibility for the shared services previously provided by the LSSO and the LHINC was transferred to HSSO. HSSO is a provincial agency established January 1, 2017 by O. Reg. 456/16 made under LHSIA with objects to provide shared services to LHINs in areas that include human resources management, logistics, finance and administration and procurement. HSSO as a provincial agency is subject to legislation, policies and directives of the Government of Ontario and the Memorandum of Understanding between HSSO and the Minister of Health and Long Term Care.

Enabling Technologies for Integration Project Management Office

Effective February 1, 2012, the LHIN entered into an agreement with South East LHIN, North East LHIN and Champlain LHIN (the "Cluster") in order to enable the effective and efficient delivery of e-health programs and initiatives within the geographic area of the Cluster. Under the agreement, decisions related to the financial and operating activities of the Enabling Technologies for Integration Project Management Office are shared. No LHIN is in a position to exercise unilateral control.

The LHIN's financial statement reflects its share of the MOHLTC funding for Enabling Technologies for Integration Project Management Offices for its Cluster and related expenses. During the year, the LHIN received funding from Champlain LHIN of $510,000 (2016 - $510,000).

5. Deferred capital contributions

	2017	2016
	$	$
Balance, beginning of year	**117,344**	170,781
Capital contributions received during the year	**26,322**	8,175
Amortization for the year	**(63,451)**	(61,612)
Balance, end of year	**80,215**	117,344

6. Commitments

The LHIN has commitments under various operating leases related to building and equipment extending to 2022. Lease renewals are likely. Minimum lease payments due in each of the next five years are as follows:

	$
2018	363,094
2019	362,368
2020	358,738
2021	97,678
2022	6,362
	1,188,240

6. Commitments (continued)

The LHIN also has funding commitments to HSPs associated with accountability agreements. The LHIN had the following funding commitments as of March 31, 2017:

	$
2018	648,095,070
2019	214,569,034
	862,664,104

The actual amounts which will ultimately be paid are contingent upon actual LHIN funding received from the MOHLTC.

7. Tangible capital assets

	Cost	Accumulated amortization	2017 Net book value	2016 Net book value
	$	$	$	$
Office furniture and equipment	412,070	388,366	23,704	23,275
Computer equipment	94,557	89,332	5,225	15,081
Leasehold improvements	838,499	787,213	51,286	78,988
	1,345,126	1,264,911	80,215	117,344

8. Budget figures

The budget was approved by the Government of Ontario. The budget figures reported in the statement of operations reflect the initial budget. The figures have been reported for the purposes of these statements to comply with PSAB reporting principles. During the year, the government approved budget adjustments. The following reflects the adjustments for the LHIN during the year:

The final HSP funding budget of $674,545,363 is derived as follows:

	$
Initial HSP funding budget	651,036,692
Adjustment due to announcements made during the year	23,508,671
Final HSP funding budget	674,545,363

The final LHIN budget, excluding the HSP funding, of $7,102,891 is derived as follows:

	$
Initial budget	6,697,891
Additional funding received during the year	
Transition Planning	180,000
Critical Care Lead	75,000
ED LHIN Lead	75,000
Primary Care Lead	75,000
Final budget	7,102,891

9. Transfer payments to HSPs

The LHIN has authorization to allocate funding of $674,545,363 to the various HSPs in its geographic area. The LHIN approved transfer payments to the various sectors as follows:

	2017	2016
	$	$
Operation of hospitals	450,138,937	446,290,899
Grants to compensate for municipal taxation - public hospitals	105,375	105,375
Long term care homes	77,181,486	75,276,603
Community care access centres	57,079,225	55,897,643
Community support services	15,806,326	15,822,655
Acquired brain injury	1,038,082	1,038,082
Assisted living services in supportive housing	13,488,520	13,567,753
Community health centres	10,147,480	9,783,414
Community mental health program	33,463,391	31,747,914
Addictions program	16,096,541	15,892,626
	674,545,363	665,422,964

The LHIN receives funding from the MOHLTC and in turn allocates it to the HSPs. As at March 31, 2017, an amount of $4,869,393 (2016 - $9,261,071) was receivable from the MOHLTC, and $4,869,393 (2016 - $9,261,071) was payable to HSPs. These amounts have been reflected as revenue and expenses in the statement of operations and are included in the table above.

10. General and administrative expenses

The statement of operations presents expenses by function. The following classifies general and administrative expenses by object:

	2017	2016
	$	$
Salaries and benefits	3,399,846	3,436,289
Occupancy	271,599	258,249
Amortization	63,451	61,612
Equipment and maintenance	47,323	46,178
Shared services	326,421	371,680
Public relations and community forums	35,256	37,782
Professional fees	15,100	15,100
Travel	116,760	147,937
Staff development and recruitment	118,154	68,789
Consulting services	21,039	36,673
LHIN collaborative	43,542	47,500
Supplies, printing and office	99,623	88,957
Other board member per diems	52,931	58,064
Board chair per diems	31,325	19,775
Other governance and travel costs	85,584	92,731
Mail, courier and telecommunications	47,740	45,131
	4,775,694	4,832,447

11. Project Initiatives

The statement of operations presents project initiative expenses for each individual initiative, the following classifies project initiative expenses by object:

	2017	2016
	$	$
Salaries and benefits	1,698,474	1,497,402
Professional services	291,731	335,084
Travel	44,509	71,494
Accommodations	85,538	83,585
Computer	31,117	58,955
Meeting/Public Relations	15,901	13,644
Staff development and recruitment	18,873	14,641
Translation services	15,561	14,468
Supplies - printing and office	22,580	22,363
Mail, courier and telecommunications	11,010	11,132
Shared Services	9,152	9,984
	2,244,446	2,132,752

Diabetes strategy operational expenses included in the project initiative expenses above are as follows:

	Budget 2017	Actual 2017	Actual 2016
	$	$	$
Salaries and benefits	855,000	848,474	874,865
Other expenses	187,299	120,241	167,434
	1,042,299	968,715	1,042,299

12. Pension agreements

The LHIN makes contributions to the Healthcare of Ontario Pension Plan ("HOOPP"), which is a multi-employer plan, on behalf of approximately 44 members of its staff. The plan is a defined benefit plan, which specifies the amount of retirement benefit to be received by the employees, based on the length of service and rates of pay. The amount contributed to HOOPP for fiscal 2017 was $399,085 (2016 - $379,786) for current service costs and is included as an expense in the Statement of operations. The last actuarial valuation was completed for the plan in December 31, 2016. At that time, the plan was fully funded.

13. Guarantees

The LHIN is subject to the provisions of the *Financial Administration Act*. As a result, in the normal course of business, the LHIN may not enter into agreements that include indemnities in favour of third parties, except in accordance with the *Financial Administration Act* and the related Indemnification Directive.

An indemnity of the Chief Executive Officer was provided directly by the LHIN pursuant to the terms of the Local Health System Integration Act, 2006 and in accordance with s. 28 of the *Financial Administration Act*.

14. Subsequent events

On Apirl 7, 2017 the Minister of Health and Long-Term Care made an order under the provisions of the Local Health System Integration Act, 2006, as amended by the Patients First Act, 2016 to require the transfer of all assets, liabilities, rights and obligations of the North West Community Care Access Centre the (CCAC), to the North West LHIN, including the transfer of all employess of the North West CCAC.

Effective June 21, 2017 the North West LHIN will assume the responsibility to provide health and related social services and supplies and equipment for the care of persons in home, community and other settings and to provide goods and services to assist caregivers in the provision of care for such persons, to manage the placement of persons into long-term care homes, supportive housing programs, chronic care and rehabilitation beds in hospitals, and other programs and places where community services are provided under the Home Care and Community Services Act, 1994 and to provide information to the public about, and make referrals to, health and social services.

North West Local Health Integration Network
975 Alloy Drive, Suite, 201
Thunder Bay, ON P7B 5Z8
Ph: (807) 684-9425 | Fax: (807) 684-9533
www.northwestlhin.on.ca
ISSN: 1920-3497